F.Z	United States STERN DISTR	_	-				Voluntary	Petition
Name of Debtor (if individual, enter Last, First, Mi		101 01		Name of Joint De	ebtor (Spou	se)(Last, First, Midd	le):	
Sighloch, Gunter	,			Sigloch, E			,	
All Other Names used by the Debtor in the la	st 8 years			All Other Names			the last 8 years	
(include married, maiden, and trade names): NONE	•			(include married, m	naiden, and trad	e names):	Ž	
Last four digits of Soc. Sec. or Indvidual-Taxpayer I. (if more than one, state all): 5269	D. (ITIN) No./Comple	ete EIN		Last four digits of S (if more than one, stat			.D. (ITIN) No./Comple	te EIN
Street Address of Debtor (No. & Street, City,	and State):			Street Address of		(No. & Stre	et, City, and State):	
13428 Sequoia Lane South Lyon, MI				13428 Sequo South Lyon,				
1 ,		ZIPCODE 48178						ZIPCODE 48178
County of Residence or of the Principal Place of Business: Living	ston	- 1		County of Reside Principal Place of		Livings	ston	1
Mailing Address of Debtor (if different from s	reet address):			Mailing Address	of Joint Deb	tor (if differen	t from street address):	
SAME			S	SAME				
		ZIPCODE						ZIPCODE
Location of Principal Assets of Business Deb	or		L					ZIPCODE
(if different from street address above): NOT APF	LICABLE							
Type of Debtor (Form of organization)	Nature o	f Business		Chapter	of Bankrupt (Check on	-	Which the Petition	n is Filed
(Check one box.)	Health Care Busi	,		Chapter 7	,	C	hapter 15 Petition fo	
☐ Individual (includes Joint Debtors)	Single Asset Rea		ned	Chapter 9 Chapter 1		C	of a Foreign Main Pro	oceeding
See Exhibit D on page 2 of this form.	in 11 U.S.C. § 10			Chapter 1			hapter 15 Petition fo	
Corporation (includes LLC and LLP) Partnership	Railroad			Chapter 1		□ of	a Foreign Nonmain	Proceeding
Other (if debtor is not one of the above	Stockbroker				Nature of		ck one box)	
entities, check this box and state type of	☐ Commodity Brok ☐ Clearing Bank	er				umer debts, defi "incurred by an		s are primarily ness debts.
entity below	Other			individual p	rimarily for a	a personal, fami		
				or househole	d purpose"			
Chapter 15 Debtors Country of debtor's center of main interests:		npt Entity if applicable.)		CI. I. I	Chap	ter 11 Debtors	s:	
	Debtor is a tax-ex			Check one box:	all husimass a	a dafinad in 11 l	U.S.C. § 101(51D).	
Each country in which a foreign proceeding by, regarding, or against debtor is pending:	under Title 26 of	the United State					ined in 11 U.S.C. § 1	101(51D).
regarding, or against deotor is pending.	Code (the Interna	al Revenue Code						- (-)
Filing Fee (Check	one box)			Check if:			111.7 1 1 1	1.
Full Filing Fee attached				owed to insider	s or affiliates	are less than \$	d debts (excluding de 2,490,925 (amount s	
Filing Fee to be paid in installments (applicable t	-			on 4/01/16 and e 	every three yea 	rs thereafter). 		
attach signed application for the court's consideration is unable to pay fee except in installments. Rule				Check all applica	able boxes:			
Filing Fee waiver requested (applicable to chapte	r 7 individuals only). N	Aust		A plan is bein		his petition		
attach signed application for the court's considera	-				•		petition from one or i	more
				classes of crec	litors, in acco	ordance with 11	U.S.C. § 1126(b).	
Statistical/Administrative Information							THIS SPACE IS FOR	COURT USE ONLY
Debtor estimates that funds will be available fo								
Debtor estimates that, after any exempt property distribution to unsecured creditors.	is excluded and admir	nistrative expens	ses paid,	there will be no fund	is available for			
Estimated Number of Creditors		_		_	_	_	#	
1-49 50-99 100-199 200-99	9 1,000-	5,001-	10,001-	25,001-	50,001-	Over		
	5,000	10,000	25,000	50,000	100,000	100,000	4	
Estimated Assets	01 \$1,000,001	\$10,000,001	\$50,000,	001 \$100,000,001	\$500,000,001	More than		
\$50,000 \$100,000 \$500,000 to \$1	to \$10	to \$50	to \$100	to \$500	to \$1 billion	\$1 billion		
Estimated Liabilities	n million	million	million	million			1	
\$0 to \$50,001 to \$100,001 to \$500,0	01 \$1,000,001	\$10,000,001	\$50,000,	,001 \$100,000,001	\$500,000,001	More than		
\$50,000 \$100,000 \$500,000 to \$1 million	to \$10	to \$50 million	to \$100 million	to \$500 million	to \$1 billion	\$1 billion		
	~ ~ 1 F:l~ ~ l	03/26/1		Intered 03/	'26/15 1	6:05:17	Page 1 of 5	52

B1 (Official Form 1) (4/13) FORM B1, Page Name of Debtor(s): Voluntary Petition Gunter Sigloch and (This page must be completed and filed in every case) Birgit A. Sigloch All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Where Filed: Case Number: Date Filed: NONE Location Where Filed: Case Number: Date Filed: (If more than one, attach additional sheet) Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor Name of Debtor: Date Filed: NONE District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is required to file periodic reports (To be completed if debtor is an individual (e.g., forms 10K and 10Q) with the Securities and Exchange whose debts are primarily consumer debts) Commission pursuant to Section 13 or 15(d) of the Securities I, the attorney for the petitioner named in the foregoing petition, declare that I Exchange Act of 1934 and is requesting relief under Chapter 11) have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). Exhibit A is attached and made a part of this petition 03/26/2015 /s/ David G. Cain Signature of Attorney for Debtor(s) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and exhibit C is attached and made a part of this petition. \times No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D, completed and signed by the debtor, is attached and made part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1) (4/13) FORM B1, Page 3 Name of Debtor(s): **Voluntary Petition** Gunter Sigloch and (This page must be completed and filed in every case) Birgit A. Sigloch **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts petition is true and correct, that I am the foreign representative of a debtor and has chosen to file under chapter 7] I am aware that I may proceed in a foreign proceeding, and that I am authorized to file this petition. under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to (Check only one box.) proceed under chapter 7. I request relief in accordance with chapter 15 of title 11, United States [If no attorney represents me and no bankruptcy petition preparer Code. Certified copies of the documents required by 11 U.S.C. § 1515 signs the petition] I have obtained and read the notice required by are attached. 11 U.S.C. §342(b) Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States chapter of title 11 specified in this petition. A certified copy of the Code, specified in this petition. order granting recognition of the foreign main proceeding is attached. X /s/ Gunter Sigloch Signature of Debtor (Signature of Foreign Representative) X /s/ Birgit A. Sigloch Signature of Joint Debtor (Printed name of Foreign Representative) Telephone Number (if not represented by attorney) (Date) 03/26/2015 Signature of Attorney* Signature of Non-Attorney Bankruptcy Petition Preparer \mathbf{X} /s/ David G. Cain I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Signature of Attorney for Debtor(s) compensation and have provided the debtor with a copy of this document David G. Cain P33265 and the notices and information required under 11 U.S.C. \$\$ 110(b), 110 (h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. \$ 110(h) setting a maximum fee for services Printed Name of Attorney for Debtor(s) Bator Legal PC bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. 400 W. Maple Road #200 Birmingham, MI 48009 Printed Name and title, if any, of Bankruptcy Petition Preparer 248-642-8120 Telephone Number Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, 03/26/2015 responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Address Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. Signature of Authorized Individual Printed Name of Authorized Individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. Title of Authorized Individual A bankruptcy petition preparer's failure to comply with the provisions of title II and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Date

Fill in this ir	nformation to identify	your case:	
Debtor 1	Gunter Sigloch		
200101	First Name	Middle Name	Last Name
Debtor 2	Birgit A. Sigloch		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	EASTERN	District of MICHIGAN (State)
Case number (If known)			

	ne box only as directed in this form and in A-1Supp:
1 . The	ere is no presumption of abuse.
abı	e calculation to determine if a presumption of use applies will be made under <i>Chapter 7 Means</i> of Calculation (Official Form 22A–2)

3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

Part 1

Calculate Your Current Monthly Income

1.	What is your marital and filing status? Check one only.
	□ Not married. Fill out Column A, lines 2-11.
	☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
	Married and your spouse is NOT filing with you. You and your spouse are:
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
	Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare

under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commission payroll deductions).	ons (before all	\$_6886.00	\$0.00
Alimony and maintenance payments. Do not include payments from Column B is filled in.	a spouse if	\$0.00_	\$0.00
4. All amounts from any source which are regularly paid for househo of you or your dependents, including child support. Include regula from an unmarried partner, members of your household, your depende and roommates. Include regular contributions from a spouse only if Co filled in. Do not include payments you listed on line 3.	contributions nts, parents,	\$0.00_	\$0.00_
5. Net income from operating a business, profession, or farm	0		
Gross receipts (before all deductions) \$0.0			
Ordinary and necessary operating expenses - \$0.0			
Net monthly income from a business, profession, or farm \$0.0	O Copy here→	\$0.00_	\$0.00
Net income from rental and other real property			
Gross receipts (before all deductions) \$0.0	0_		
Ordinary and necessary operating expenses - \$0.0	0_		
Net monthly income from rental or other real property \$0.0	0 Copy here→	\$0.00_	\$0.00_
7. Interest, dividends, and royalties		\$0.00_	\$0.00

: 1 Filed 03/26/15 Entered 03/26/15 16:05:17 Chapter 7 Statement of Your Current Monthly Income Page 4 of 52 Debtor 1

					Column Debtor 1		De	olumn ebtor 2 on-filin		
8. Uner	mployment compensation				\$	0.00		\$	0.00	
Do n	not enter the amount if you contend that the amount er the Social Security Act. Instead, list it here:				Ψ			Ψ		
	or you		0.00							
	or your spouse									
9. Pens	sion or retirement income. Do not include any amo efit under the Social Security Act.	Ť			\$	0.00	:	\$	0.00	
Do n as a	ome from all other sources not listed above. Special to include any benefits received under the Social Servictim of a war crime, a crime against humanity, or incrism. If necessary, list other sources on a separate parts.	ecurity Act on the control of the co	or payments red I or domestic	ceived						
10a					\$	0	;	\$	0	
10b					\$			\$		
10c	. Total amounts from separate pages, if any.				+\$		+	\$		
	culate your total current monthly income. Add line mn. Then add the total for Column A to		10 for each		\$_688	6.00_	+	\$	0.00	= \$_6886.00 Total current monthly income
Part 2:	Determine Whether the Means Test App	olies to Y	ou							
12. Calc	ulate your current monthly income for the year.	Follow these	e steps:							
12a.	Copy your total current monthly income from line	11				Сор	y line 1	11 here	→ 12a.	\$_6886.00_
	Multiply by 12 (the number of months in a year).								-	x 12
12b.	The result is your annual income for this part of the	e form.							12b.	\$_82632.00
13. Calc	ulate the median family income that applies to y	ou. Follow	these steps:							
Fill ir	n the state in which you live.	MICH	HIGAN							
Fill ir	n the number of people in your household.	3	.00						г	
Fill ir	n the median family income for your state and size o	f household	d						13.	\$ <u>62973.00</u>
	nd a list of applicable median income amounts, go outions for this form. This list may also be available				e separate	е			_	
	do the lines compare?									
	Line 12b is less than or equal to line 13. On the Go to Part 3.				•	·				
14b.	Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 22A–2.	je 1, check	box 2, <i>The pre</i>	esumptio	n of abus	se is det	termine	ed by F	-orm 22A-	-2.
Part 3:	Sign Below									
	By signing here, I declare under penalty of perjui	y that the ir	nformation on t	this state	ement and	d in any	attach	ments	is true an	nd correct.
	×		3	K						
	Signature of Debtor 1		_	Signat	ture of Deb	otor 2				
	Date 03/26/2015			Doto	03/26/2	2015				
	Date MM / DD / YYYY			Date	MM / DD		Y			
	If you checked line 14a, do NOT fill out or file Fo	rm 22A-2.								
	If you checked line 14b, fill out Form 22A-2 and	file it with th	nis form.							

page 2

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re Gunter Sigloch and Birgit A. Sigloch	Case No. Chapter	
/ Debtor		

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data"if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 183,600.00		
B-Personal Property	Yes	3	\$ 83,673.50		
C-Property Claimed as Exempt	Yes	2			
D-Creditors Holding Secured Claims	Yes	2		\$ 263,012.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 8,836.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 46,015.64	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	2			\$ 4,384.68
J-Current Expenditures of Individual Debtor(s)	Yes	3			\$ 4,360.38
тот	AL	21	\$ 267,273.50	\$ 317,863.64	

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re <i>Gunter</i>	Sigloch	and	Birgit A.	Sigloch		Case No.	
						Chapter	7
					/ Debtor		

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$8,836.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$8,836.00

State the following:

Average Income (from Schedule I, Line 12)	\$4,384.68
Average Expenses (from Schedule J, Line 22)	\$4,360.38
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$6,886.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 32,276.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$8,836.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$ 46,015.64
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$78,291.64

In re	Gunter Sigloch and Birgit A. Sigloch	Case No.	
_	Debtor	_	(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

	perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and nowledge, information and belief.
Date: <u>3/26/2015</u>	Signature /s/ Gunter Sigloch
	Gunter Sigloch
Date: 3/26/2015	Signature /s/ Birgit A. Sigloch
	Birgit A. Sigloch
	[If joint case, both spouses must sign.]
Penalty for making a false	statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.
CERTIFICATION AND	SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110)
certify that I am a bankruptcy p	SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110) reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor
certify that I am a bankruptcy p ith a copy of this document.	
certify that I am a bankruptcy p vith a copy of this document.	reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor
certify that I am a bankruptcy p vith a copy of this document. Preparer:	reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor Social security No. :
certify that I am a bankruptcy p vith a copy of this document. Preparer:	reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor
certify that I am a bankruptcy p vith a copy of this document. Preparer:	reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor Social security No. :
certify that I am a bankruptcy point a copy of this document. Preparer: Names and Social Security num	reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor Social security No. :
I certify that I am a bankruptcy p with a copy of this document. Preparer: Names and Social Security num	reparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor Social security No.:

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In re Gunter Sigloch and Birgit A. Sigloch	, Case No
Debtor(s)	(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	HusbandH WifeW Joint CommunityC	Secured Claim or	Amount of Secured Claim
13428 Sequoia Lane	Husband and Wife		\$183,600.00	\$183,600.00

No continuation sheets attached

TOTAL \$ 183,600.00 (Report also on Summary of Schedules.)

In re Gu	nter	Sigloch	and	Birgit	\boldsymbol{A} .	Siglocl
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Debtor(s)

Case No.	
	(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N o n e	Description and Location of Property	HusbandH WifeW JointJ CommunityC	Deducting any
1. Cash on hand.		Cash Location: In debtor's possession	J	\$50.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account Balance Location: Comerica Bank	J	\$1,250.00
		Checking Account Balance Hantz Bank Location: Hantz Bank - Ann Arbor	J	\$150.00
		Savings Account Balance Location: Comerica Bank	J	\$1.56
Security deposits with public utilities, telephone companies, landlords, and others. Household goods and furnishings, including audio, video, and computer equipment.	X	Household Goods & Furnishings Location: In debtor's possession	J	\$19,660.00
Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books - Professional Location: In debtor's possession	н	\$30.00
		Books - Personal Location: In debtor's possession	J	\$50.00
6. Wearing apparel.		Clothing Location: In debtor's possession	J	\$1,200.00

n re <i>Gunter Sig</i>	loch and	Birgit	A .	Sigloci
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Case No.

Debtor(s)

SCHEDULE B-PERSONAL PROPERTY

(if known)

		(
Type of Property	N o	Description and Location of Property	Husband		Current Value of Debtor's Interest, in Property Without Deducting any
	n e		Wife- Joint- Community-	-J	Secured Claim or Exemption
7. Furs and jewelry.		Jewelry Location: In debtor's possession		J	\$2,800.00
Firearms and sports, photographic, and other hobby equipment.	x				
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X				
10. Annuities. Itemize and name each issuer.	X				
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X				
Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) Plan Location: Fidelity		J	\$852.37
		IRA Location: In debtor's possession		J	\$5,823.5 7
Stock and interests in incorporated and unincorporated businesses. Itemize.	X				
14. Interests in partnerships or joint ventures. Itemize.	X				
Government and corporate bonds and other negotiable and non-negotiable instruments.	X				
16. Accounts Receivable.	X				
Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X				
Other liquidated debts owed to debtor including tax refunds. Give particulars.	X				
Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X				
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X				
Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X				

In re Gunter Sigloch and Birgit A. Sigloch

Case	No.	
Case	No.	

Debtor(s)

(if known)

SCHEDULE B-PERSONAL PROPERTY

		(Gorialidation Greet)		
Type of Property	N o n		bandH WifeW JointJ	Deducting any Secured Claim or
	е	Comm	unityC	Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other		2010 Chrysler Sebring	H	\$10,328.00
vehicles and accessories.		Location: In debtor's possession		
		2015 Ford Explorer	H	\$41,478.00
		Location: In debtor's possession		
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

n r	e Gunter	Sigloch	and	Birgit	Α.	Sigloch
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Debtor(s)	

(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds \$155,675
(Check one box)	

☑ 11 U.S.C. § 522(b) (2)

☐ 11 U.S.C. § 522(b) (3)

Description of Property Claimed By Debtor	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Cash	11 USC 522(d)(5)	\$ 25.00	\$ 50.00
Checking Account Balance	11 USC 522(d)(5)	\$ 75.00	\$ 150.00
Checking Account Balance	11 USC 522(d)(5)	\$ 625.00	\$ 1,250.00
Savings Account Balance	11 USC 522(d)(5)	\$ 0.78	\$ 1.56
Household Goods & Furnishings	11 USC 522(d)(3)	\$ 9,830.00	\$ 19,660.00
Books	11 USC 522(d)(5)	\$ 25.00	\$ 50.00
Books	11 USC 522(d)(6)	\$ 30.00	\$ 30.00
Clothing	11 USC 522(d)(3)	\$ 600.00	\$ 1,200.00
Jewelry	11 USC 522(d)(4)	\$ 1,400.00	\$ 2,800.00
401(k) Plan	11 USC 522(d)(12)	\$ 426.19	\$ 852.37
IRA	11 USC 522(d)(12)	\$ 2,911.78	\$ 5,823.57
2010 Chrysler Sebring	11 USC 522(d)(2) 11 USC 522(d)(5)	\$ 3,675.00 \$ 995.00	\$ 10,328.00
Page No. <u>1</u> of <u>2</u>			

^{*} Amount subject 5430171804 elor fon 40006, Land Eiler of to 3626/165 her Entered 03626/165 ale : 05 in Fried 0362

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Case No.	
	(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: Check if debtor claims a homestead exemption that exceeds \$155,675.*

(Check one box)

☑ 11 U.S.C. § 522(b) (2)

☐ 11 U.S.C. § 522(b) (3)

Exemption	Exemption	Value of Property Without Deducting Exemptions
11 USC 522(d)(5)	\$ 25.00	\$ 50.00
11 USC 522(d)(5)	\$ 75.00	\$ 150.00
11 USC 522(d)(5)	\$ 625.00	\$ 1,250.00
11 USC 522(d)(5)	\$ 0.78	\$ 1.56
11 USC 522(d)(3)	\$ 9,830.00	\$ 19,660.00
11 USC 522(d)(5)	\$ 25.00	\$ 50.00
11 USC 522(d)(3)	\$ 600.00	\$ 1,200.00
11 USC 522(d)(4)	\$ 1,400.00	\$ 2,800.00
11 USC 522(d)(12)	\$ 426.19	\$ 852.37
11 USC 522(d)(12)	\$ 2,911.78	\$ 5,823.57
	11 USC 522(d)(5) 11 USC 522(d)(5) 11 USC 522(d)(5) 11 USC 522(d)(3) 11 USC 522(d)(5) 11 USC 522(d)(3) 11 USC 522(d)(4) 11 USC 522(d)(12)	\$ 75.00 \$ 75.00 \$ 625.00 \$ 625.00 \$ 0.78 \$ 0.78 \$ 11 USC 522(d)(5) \$ 9,830.00 \$ 9,830.00 \$ 25.00 \$ 25.00 \$ 11 USC 522(d)(3) \$ 600.00 \$ 11 USC 522(d)(4) \$ 1,400.00 \$ 426.19

^{*} Amount subject 5to 3017180 network 1 and File of to 3/26/135 her Entered 03/26/135 a 16:05 in 17 nced Page alter of the 5/2 te of adjustment.

In reGunter Sigloch and Birgit A. Sigloch	, Case No	
Debtor(s)		(if known

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)		Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien HHusband WWife JJoint CCommunity	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 2158		2010-07-02				\$ 5,658.00	\$ 0.00
Creditor # : 1 Ally Financial 200 Renaissance Ctr Detroit MI 48243		2010 Chrysler Sebring Value: \$ 10,328.00					
Account No: 8363		Н 2014-12-20				\$ 46,804.00	\$ 5,326.00
Creditor # : 2 Ford Cred Po Box Box 542000 Omaha NE 68154		Auto Loan 2015 Ford Explorer					
		Value: \$ 41,478.00					
1 continuation sheets attached	l.	S (Tota			ige)	\$ 52,462.00	\$ 5,326.00

(Report also on Summary of (If applicable, report also on

Filed 03/26/15 Entered 03/26/15 16:05.1 Page 15 Control Page 1

In re	Gunter	Sigloch	and	Birgit	A.	Sigloch

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Debte	or(s	1		

Case No.	
	(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	궃	of Lien, and I	as Incurred, Nature Description and Market Derty Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 3537		2006-08-	-31				\$ 40,068.00	\$ 26,950.00
Creditor # : 3 New York Community Ban 1801 E 9th St Ste 200 Cleveland OH 44114		Second M 13428 Seg	Mortgage Tuoia Lane					
		Value: \$ 1	83,600.00					
Account No: 9683		2013-10-					\$ 170,482.00	\$ 0.00
Creditor # : 4 Quicken Loans 1050 Woodward Ave Detroit MI 48226		Mortgage 13428 Seq	e ruoia Lane					
		Value: <i>\$ 1</i>	83,600.00					
Account No:		Value:						
Account No:								
		Value:						
Account No:								
		Value:						
Sheet no. 1 of 1 continuation sheet	ets attac	hed to Schedule	of Creditors	Subto	tal	5	\$ 210,550.00	\$ 26,950.00
Holding Secured Claims				(Total of this To	tal	\$	\$ 263,012.00	\$ 32,276.00

In re Gunter Sigloch and Birgit A. Sigloc	In re	Gunter	Sigloch	and	Birgit	A .	Sigloc
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Debtor(s)

Case I	No

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or quardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507

☐ Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Gunter Sigloch and Birgit A. Sigloch	,	Case No.	
Debtor(s)			(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Type of Priority for Claims Listed on This Sheet:		(Continuation Sheet) Taxes and Certain Other Debts	: 0	w	ed	to Governm	ental Units	
Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred and Consideration for Claim HHusband WWife JJoint CCommunity	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: 5269 Creditor # : 1 Internal Revenue Service PO Box 7346 Philadelphia PA 19101-7346		J 3/2/2015 Income Taxes 2014 - 1040 Income Taxes				\$ 7,596.00	\$ 7,596.00	\$ 0.00
Account No: 5269 Creditor # : 2 State of Michigan Michigan Dept. of Treasury Lansing MI 48929		J 3/2/2015 Income Taxes 2014 - 1040 Income Taces				\$ 1,240.00	\$ 1,240.00	\$ 0.00
Account No:								
Account No:								
Account No:								
Sheet No. 1 of 1 continuation sheet attached to Schedule of Creditors Holding Priorit		(Total c	To	s pa o tal al a	age) \$ so	8,836.00 8,836.00	8,836.00	0.00
		(Use only on last page of the completed Schedule E. If a report also on the Statistical Summary of Certain Lial	To	o ta l cab	\$ le,		8,836.00	0.00

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Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	ပိ	W\ JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Nife oint Community	Contingent	C Cotedinalial	Disputed	Amount of Claim
Account No: 4758 Creditor # : 1 Bby/cbna 50 Northwest Point Road Elk Grove Village IL 60007		W	2011-09-08 Credit Card Purchases My Best Buy Credit Card				\$ 821.00
Account No: 0850 Creditor # : 2 Bby/cbna 50 Northwest Point Road Elk Grove Village IL 60007		H	2008-11-29 Credit Card Purchases My Best Buy Credit Card				\$ 1,538.00
Account No: 4758 Creditor # : 3 Best Buy Credit Services PO Box 790441 Saint Louis MO 63179			2014 Credit Card Purchases My Best Buy Credit Card				\$ 821.94
3 continuation sheets attached			(Use only on last page of the completed Schedule F. Repor	Sul	To	tal \$	\$ 3,180.94

Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Gunter Sigloch and Birgit A. Sigloch

Case	No.	

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9100 Creditor # : 4 Credit Union One 400 E 9 Mile Rd Ferndale MI 48220			2014-07-29 Unsecured Loan				\$ 20,539.00
Account No: 3531 Creditor # : 5 Elan Financial Service 777 E Wisconsin Ave Milwaukee WI 53202			2006-06-01 Credit Card Purchases Comerica Bank Select Rewards Visa Platinum Card				\$ 10,618.00
Account No: 5701 Creditor # : 6 Independent Emergency Physician PC PO Box 674474 Detroit MI 48267-4474			2014 Medical Bills				\$ 759.00
Account No: 9460 Creditor # : 7 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls WI 53051			2014-11-25 Credit Card Purchases				\$ 274.00
Account No: 0314 Creditor # : 8 Livingston County EMS 1911 Tooley Road Howell MI 48855-8307		J	2014 Medical Bills				\$ 693.00
Sheet No. 1 of 3 continuation sheets attact Creditors Holding Unsecured Nonpriority Claims	hed t	to Sc	chedule of (Use only on last page of the completed Schedule F. Report als Schedules and, if applicable, on the Statistical Summary of Certain Liabil	o on Sui	Tot	al \$	\$ 32,883.00

In re Gunter Sigloch and Birgit A. Sigloch

irgit A. Sigloch Case No. ______, Case No. ______

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 90 0 Creditor # : 9 Lowe's PO Box 1111 North Wilkesboro NC 28656	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 2014-2015 Revolving Charge Account	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: XPR1 Creditor # : 10 Southfield Radiology PO Box 3217 Indianapolis IN 46206-3210			12/2014 Medical Bills				\$ 200.00
Account No: 5701 Creditor # : 11 St. John Providence 28000 Dequindre Road Warren MI 48092			2014 Medical Bills				\$ 1,968.55
Account No: 6900 Creditor # : 12 Syncb/lowes Po Box 965005 Orlando FL 32896			2014-03-31 Revolving Charge Account				\$ 435.00
Account No: 9735 Creditor # : 13 Webbank/fingerhut 6250 Ridgewood Rd Saint Cloud MN 56303			2012-03-24 Revolving Charge Account				\$ 226.56
Sheet No. 2 of 3 continuation sheets attached Creditors Holding Unsecured Nonpriority Claims	iched t	to Sc	chedule of (Use only on last page of the completed Schedule F. Report also o Schedules and, if applicable, on the Statistical Summary of Certain Liabilitie	n Sur	Tota mma	al \$	\$ 3,232.54

n re	Gunter	Sigloch	and	Birgit	A .	Siglock
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Debtor(s)

_	(if known)
Case No.	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	JJ	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife oint Community	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4169 Creditor # : 14 Wells Fargo PO Box 30086 Los Angeles CA 90030-0086			2014 Credit Card Purchases				\$ 837.16
Account No: 2938 Creditor # : 15 Wf Crd Svc 3201 N 4th Ave Sioux Falls SD 57104			2009-09-30 Credit Card Purchases Visa Card				\$ 4,820.00
Account No: 4169 Creditor # : 16 Wffnatbank PO Box 94498 Las Vegas NV 89193			2010-09-15				\$ 1,062.00
Account No:							
Account No:							
Sheet No. 3 of 3 continuation sheets at Creditors Holding Unsecured Nonpriority Claims	ached t	o Sc	chedule of (Use only on last page of the completed Schedule F. Report a Schedules and, if applicable, on the Statistical Summary of Certain Lial	lso on Sur	Tot	al \$	\$ 6,719.16 \$ 46,015.64

In re Gunter Sigloch and Birgit A. Sigloch

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Case No.	

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Gunter Sigloch and Birgit A. Sigloch

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Case No.	
_	(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preeceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

15-30780-dof Doc 1 Filed 03/26/15 Entered 03/26/15 16:05:17 Page 24 of Fig. 1 of 1

Fill in this in	formation to identify	your case:				
Debtor 1	Gunter Sigloch					
Debtor 2	First Name Birgit A. Sigloch	Middle Name	Last Name			
(Spouse, if filing)		Middle Name	Last Name			
United States	Bankruptcy Court for the:	EASTERNDistrict (of MICHIGAN		_	
Case number					Check if	this is:
(If known)					An a	mended filing
						oplement showing post-petition
Official F	Form B 6I					ter 13 income as of the following date:
					MM / [DD / YYYY
Scheo	lule I: You	ır Income				12/13
supplying cor If you are sep separate shee	rect information. If yo arated and your spou	ou are married and not fil use is not filing with you, top of any additional pag	ing jointly, and you	our sp	ouse is living with ion about your sp	tor 2), both are equally responsible for you, include information about your spouse ouse. If more space is needed, attach a known). Answer every question.
1 Fill in you	r employment					
informatio			Debtor 1			Debtor 2 or non-filing spouse
attach a se	e more than one job, eparate page with n about additional	Employment status	Employed Not employ	ed′		Employed Not employed
Include par self-employ	rt-time, seasonal, or yed work.	Occupation	Project Manag	ger		
	n may Include student aker, if it applies.					
	7	Employer's name	Durr Systems	Inc.		_
			40000 Dl	.41- D.		
		Employer's address	40600 Plymou	in Ko	1.	Number Street
			Plymouth	MI	48170	
			City	Stat	e ZIP Code	City State ZIP Code
		How long employed the	re? 4 Months	<u>.</u>		
Part 2:	Give Details About	Monthly Income				
			n. If you have noth	ing to	report for any line,	write \$0 in the space. Include your non-filing
If you or yo				ormatio	on for all employers	for that person on the lines
	•	·			For Debtor 1	For Debtor 2 or
o Liet ment	thly gross wages!	one and commissions (b.	oforo all naveall			non-filing spouse
		ary, and commissions (be calculate what the monthly		2.	\$_6886.60_	\$0.00_
3. Estimate	and list monthly over	time pay.		3.	+\$0.00	+ \$0.00_
4. Calculate	gross income. Add li	ne 2 + line 3.		4.	\$ 6886.60	\$0.00_

Debtor 1

Gunter Sigloch

Middle Name

Last Name

Case number (if known)

				For	Debtor 1		For Debto	or 2 or g spouse		
(Copy line 4 here		→ 4.	\$	6886.60		\$	0.00		
	List all payroll deductions:									
	5a. Tax, Medicare, and Social Security	v deductions	5a.	\$	1593.02		\$	0.00		
	5b. Mandatory contributions for retire		5a. 5b.	» \$	412.49		\$ \$	0.00		
	5c. Voluntary contributions for retire	•	5c.	\$	0.00	-	\$	0.00		
	5d. Required repayments of retiremen	·	5d.	\$	0.00	-	\$	0.00		
	5e. Insurance	18 19.19	5e.	\$	244.62	•	\$	0.00		
	5f. Domestic support obligations		5f.	\$	0.00	-	\$	0.00		
	5g. Union dues		5g.	\$	0.00	-	\$	0.00		
	5h. Other deductions. Specify: State	Taxes	5h.	+\$	251.79	-	+ \$	0.00		
6.	6. Add the payroll deductions. Add lines		. 6.	\$	2501.92	-	\$	0.00		
7.	7. Calculate total monthly take-home pay	y. Subtract line 6 from line 4.	7.	\$	4384.68	-	\$	0.00		
8.	B. List all other income regularly received	d:								
	8a. Net income from rental property a profession, or farm									
	Attach a statement for each property receipts, ordinary and necessary bus monthly net income.		8a.	\$	0.00	-	\$	0.00		
	8b. Interest and dividends		8b.	\$	0.00	_	\$	0.00		
	8c. Family support payments that you regularly receive		ent							
	Include alimony, spousal support, ch settlement, and property settlement.		8c.	\$	0.00	-	\$	0.00		
	8d. Unemployment compensation		8d.	\$	0.00	-	\$	0.00		
	8e. Social Security		8e.	\$	0.00	-	\$	0.00		
	that you receive, such as food stamp Nutrition Assistance Program) or hou	lue (if known) of any non-cash assistar ups (benefits under the Supplemental		\$	0.00	-	\$	0.00		
	Specify:		8f.							
	8g. Pension or retirement income		8g.	\$	0.00	-	\$	0.00		
	8h. Other monthly income. Specify:		_ 8h.	+\$	0.00	-	+\$	0.00		
9.	9. Add all other income. Add lines 8a + 8b	b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00] [\$	0.00		
	0. Calculate monthly income. Add line 7 + Add the entries in line 10 for Debtor 1 and		10.	\$	4,384.68]+[\$	0.00	\$	4384.68
	 State all other regular contributions to Include contributions from an unmarried p other friends or relatives. 	partner, members of your household,	, your d	depende			•		_	
	Do not include any amounts already inclu	uded in lines 2-10 or amounts that are	∍ not a\	vailable	to pay expe	enses	listed in S			0.00
	Specify:							11. +	\$	0.00
	2. Add the amount in the last column of I Write that amount on the Summary of Sc.					•	•		Ψ	4384.68
12	13. <u>Do</u> you expect an increase or decreas	as within the year after you file this	form'	2					Combin monthly	ned y income
ไอ	No. Yes. Explain:	e within the year after you life this	TOTTI :							

	Fill in this ir	formation to identify	your case:				
	Debtor 1	Gunter Sigloch		011-:4:4			
	Debtor 2	First Name Birgit A. Sigloch	Middle Name Last Name	Check if th			
	(Spouse, if filing)	First Name	Middle Name Last Name		ended fil	•	petition chapter 13
	United States I	Bankruptcy Court for the:	ASTERN District of MICHIGA			f the following	
	Case number				D / YYYY		
L	(If known)			A sepa	rate filin	g for Debtor 2	because Debtor 2
(Official F	Form B 6J		mainta	ins a se _l	parate househ	nold
(Sched	lule J: Υοι	ır Expenses				12/13
in	nformation. I		ssible. If two married people are filind, attach another sheet to this form		-		
P	Part 1:	Describe Your Hou	sehold				
1.	Is this a joi	nt case?					
	No. Go	to line 2.					
	Yes. Do	es Debtor 2 live in a s	eparate household?				
	~	No					
		Yes. Debtor 2 must file	a separate Schedule J.				
2.	Do you hav	e dependents?	No	Dependent's relationship to		Dependent's	Does dependent live
	Do not list Debtor 2.	ebtor 1 and	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2		age	with you?
		the dependents'		Daughter		9	L No ✓ Yes
	names.						No
							Yes
							No
							Yes
							No
							Yes
							∐ No
							Yes
3.	expenses of	penses include If people other than If your dependents?	✓ No Yes				
D,	art 2: Es	timata Vaur Ongoi	ng Monthly Expenses				
			<u> </u>	vo using this form on a sumple	mont in	a Chantar 12 a	
e	-	of a date after the ban	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme			-	
			-cash government assistance if you	know the value			
of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)					Your expenses		
4		or home ownership e r the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4.	\$	1600.95
	If not incl	uded in line 4:					
	4a. Real	estate taxes			4a.	\$	0.00
	4b. Prope	erty, homeowner's, or re	enter's insurance		4b.	\$	50.00
	4c. Home	e maintenance, repair, a	and upkeep expenses		4c.	\$	0.00
	4d. Home	eowner's association or	condominium dues		4d.	\$	0.00

Debtor 1 Gunter Sigloch

First Name Middle Name Last Name

Case number (if known)______

			Your ex	penses	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00	
6	Utilities:				
0.	6a. Electricity, heat, natural gas	6a.	\$	325.00	
	6b. Water, sewer, garbage collection	6b.	\$	20.00	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	275.00	
	6d. Other. Specify:	6d.	\$	0.00	
7.	Food and housekeeping supplies	7.	\$	600.00	
8.	Childcare and children's education costs	8.	\$	0.00	
9.	Clothing, laundry, and dry cleaning	9.	\$50.00		
10.	Personal care products and services	10.	\$	100.00	
11.	Medical and dental expenses	11.	\$	0.00	
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	125.00	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00	
14.	Charitable contributions and religious donations	14.	\$	0.00	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insurance	15a.	\$	7.79	
	15b. Health insurance	15b.	\$	0.00	
	15c. Vehicle insurance	15c.	\$	162.00	
	15d. Other insurance. Specify:	15d.	\$	0.00	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00	
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1	17a.	\$	706.74	
	17b. Car payments for Vehicle 2	17b.	\$	337.90	
	17c. Other. Specify:	17c.	\$	0.00	
	17d. Other. Specify:	17d.	\$	0.00	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18.	\$	0.00	
19.	Other payments you make to support others who do not live with you.	19.	\$	0.00	
	Specify:		Ψ		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc	ome.		0.00	
	20a. Mortgages on other property	20a.	\$	0.00	
	20b. Real estate taxes	20b.	\$		
	20c. Property, homeowner's, or renter's insurance	20c.	\$		
	20d. Maintenance, repair, and upkeep expenses	20d.	\$		
	20e. Homeowner's association or condominium dues	20e.	\$	0.00	

Oebtor 1 Gi	Gunter Sigloch			Case number (if known)			
	Name Middle Name	Last Name	Case number (# Niowi)				
Other. Speci	fy:			21.	+\$	0.00	
	y expenses. Add lines our monthly expenses		22.	\$	4360.38		
•	r monthly net incom		hde l	00	\$	4384.68	
	our monthly expenses	monthly income) from Sched from line 22 above.	luie I.	23a. 23b.	-\$	4360.38	
	t your monthly expens ult is your <i>monthly net</i>	es from your monthly income income.	э.	23c.	\$	24.30	
For example, mortgage payer	do you expect to finish	rease in your expenses wit paying for your car loan witl crease because of a modific	hin the year or do you expe	ct your			

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

Case No. (if known) ANCIAL AFFAIRS a joint petition may file a single statement on which the information for 13, a married debtor must furnish information for both spouses whether petition is not filed. An individual debtor engaged in business as a sole vide the information requested on this statement concerning all such ansfers and the like to minor children, state the child's initials and the child, by John Doe, guardian." Do not diclose the child's name. See, 11 are or have been in business, as defined below, also must complete the box labeled "None." If additional space is needed for the answer to case number (if known), and the number of the question.
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ne box labeled "None." If additional space is needed for the answer to case number (if known), and the number of the question.
if the debtor is a corporation or partnership. An individual debtor is "ir
the six years immediately preceding the filing of this bankruptcy case percent or more of the voting or equity securities of a corporation; a self-employed full-time or part-time. An individual debtor my also be "ir business, or other activity, other than as an employee, to supplemen
wes of the debtor; general partners of the debtor and their relatives officers, directors, and any persons in control of a corporation debtor agent of the debtor. 11 U.S.C. §101(2), (31).
ent, trade, or profession, or from operation of the debtor's business, including business, from the beginning of this calendar year to the date this case was ars immediately preceding this calendar year. (A debtor that maintains, or has year may report fiscal year income. Identify the beginning and ending dates of ouse separately. (Married debtors filing under chapter 12 or chapter 13 must uses are separated and a joint petition is not filed.)
urr Systems, Inc. (Gunter)
ontronic (Gunter); \$3,173 Durr Systems,
ielomatic (Gunter); \$42,365 Sontronic 7 Sintronic (Gunter); \$161 State Income
a

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

AMOUNT SOURCE

Year to date: Last Year:\$51,419 Year before:

2014 - \$28,608 IRA Distribution (Gunter); \$22,811 Pension Distribution (Gunter)

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Creditor: Quicken Loans

Monthly

\$1,236.54/mo

\$170,719.58

Address:1050 Woodward Ave.,

Detroit MI 48226

Creditor: New York Community Bank

Monthly

\$364.41/mo

\$337.90/mo

\$39,793.55

\$5,658.00

Address: PO Box 742579, Cincinnati OH 45274-2579

Creditor: Ally Financial

Address: 200 Renaissance Center,

Detroit MI 48243

Creditor: Ford Credit Monthly \$706.74/mo \$47,504.19

Monthly

Address: PO Box 54200, Omaha, NE

68154

None

 \boxtimes

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filingunder chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, AMOUNT OF MONEY OR NAME OF PAYER IF OTHER THAN DEBTOR DESCRIPTION AND VALUE OF PROPERTY

Payee: David G. Cain

Address:

400 W. Maple Road #200 Birmingham, MI 48009

Date of Payment: 3/18/2015 \$500.00
Payor: Sigloch, Gunter

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a benificiary.

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

Institution: Comerica Bank Address: PO Box 75000, Detroit, MI 48275-8352 Account Type and No.: Savings 9410063896 Final Balance: \$506.67 10/14/14

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of

the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor.

including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar termunder an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 \boxtimes

Dates: 2013 -

Present

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

Name: Hantz Tax & Business, LLC

Address: 2400 Green Road, Ann Arbor, MI 48105-

1550

None b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

Name: Gunter and Birgit 13428 Sequoia Lane, Green Oak, MI 48178

Sigloch Missing:

None

None

X

 \boxtimes

Name: Hantz Tax & 2400 Green Road, Ann Arbor, MI 48105-1550

Business LLC Missing:

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

B7 - (Official Form 7) (4713)					
None	b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.				
None	21. Current Partners, Officers, Directors and Shareholders a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.				
None	b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.				
None	22. Former partners, officers, directors and shareholders a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.				
None	b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.				
None	23. Withdrawals from a partnership or distribution by a corporation If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.				
None	24. Tax Consolidation Group. If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.				

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	03/26/2015	gnature /s/ Gunter Sigloch	
		Debtor	
Data	03/26/2015	gnature /s/ Birgit A. Sigloch	
Date	03/20/2013	Joint Debtor	
		any)	

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

	
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social-Security No.(Required by 11 U.S.C. § 110.)
f the bankruptcy petition preparer is not an individual, state the name, title (if any), person, or partner who signs this document.	address, and social-security number of the officer, principal,, responsible
Address	
X	
Signature of Bankruptcy Petition Preparer	Date
Signature of Bankruptcy Petition Preparer	Date

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

mie Gunter	Sigloch a	and Birgit A.	Sigloch	Case No Chapter	
				/ Debtor	

CHAPTER 7 STATEMENT OF INTENTION

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Attach additional pages if necessary.)			
Property No. 1			
Creditor's Name :	Describe Property Securing Debt :		
Ally Financial	2010 Chrysler Sebring		
Property will be (check one) :			
☐ Surrendered ☐ Retained			
If retaining the property, I intend to (check at least one):			
Redeem the property			
Reaffirm the debt			
Other. Explain	(for example, avoid lien using 11 U.S.C § 522 (f)).		
Property is (check one):			
☐ Not claimed as exempt			
Property No. 2			
Creditor's Name :	Describe Property Securing Debt :		
Ford Cred	2015 Ford Explorer		
Property will be (check one) :			
☐ Surrendered ☐ Retained			
If retaining the property, I intend to (check at least one):			
Redeem the property			
Reaffirm the debt			
Other. Explain	(for example, avoid lien using 11 U.S.C § 522 (f)).		
Property is (check one) :			
☐ Not claimed as exempt			

Property No. 3				
Creditor's Name :	Describe Property Securing Debt :			
New York Community Ban	13428 Sequoia Lane			
Property will be (check one) :				
Surrendered Retained				
If retaining the property, I intend to (check at least one):				
Redeem the property				
Reaffirm the debt				
Other. Explain (for example, avoid lien using 11 U.S.C § 522 (f)).				
Property is (check one):				
☐ Not claimed as exempt				
Property No. 4				
Creditor's Name :	Describe Property Securing Debt :			
Quicken Loans	13428 Sequoia Lane			
Property will be (check one) :	<u> </u>			
Surrendered Retained				
If retaining the property, I intend to (check at least one):				
Redeem the property				
Reaffirm the debt				
Other. Explain	(for example, avoid li	en using 11 U.S.C § 522 (f)).		
Property is (check one):				
☐ Not claimed as exempt				
Part B - Personal property subject to unexpired leases. (All three colum additional pages if necessary.)	nns of Part B must be completed for each unexpired le	ease. Attach		
Property No. Lessor's Name: Describe Le	and Drawarty:			
	ased Property:	Lease will be assumed pursuant to 11 U.S.C. §		
None		365(p)(2):		
		☐ Yes ☐ No		
Signatu	re of Debtor(s)			
I declare under penalty of perjury that the above indicates my into		debt		
and/or personal property subject to an unexpired lease.				
Date: <u>03/26/2015</u> Debtor: <u>/s/</u>	Gunter Sigloch			
Data and a second				
Date: <u>03/26/2015</u> Joint Debtor:	/s/ Birgit A. Sigloch			

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In re Gunter Sigloch and	Case No. Chapter
Birgit A. Sigloch	/ Debtor
Attorney for Debtor: David G. Cain	

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Ally Financial 200 Renaissance Ctr Detroit, MI 48243

Bby/cbna 50 Northwest Point Road Elk Grove Village, IL 60007

Best Buy Credit Services PO Box 790441 Saint Louis, MO 63179

Credit Union One 400 E 9 Mile Rd Ferndale, MI 48220

Elan Financial Service 777 E Wisconsin Ave Milwaukee, WI 53202

Ford Cred
Po Box Box 542000
Omaha, NE 68154

Independent Emergency Physician PC PO Box 674474
Detroit, MI 48267-4474

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Livingston County EMS 1911 Tooley Road Howell, MI 48855-8307

Lowe's PO Box 1111 North Wilkesboro, NC 28656

New York Community Ban 1801 E 9th St Ste 200 Cleveland, OH 44114 Quicken Loans 1050 Woodward Ave Detroit, MI 48226

Southfield Radiology PO Box 3217 Indianapolis, IN 46206-3210

St. John Providence 28000 Dequindre Road Warren, MI 48092

State of Michigan Michigan Dept. of Treasury Lansing, MI 48929

Syncb/lowes
Po Box 965005
Orlando, FL 32896

United States Trustee 211 West Fort Street Suite 700 Detroit, MI 48226

Webbank/fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303

Wells Fargo PO Box 30086 Los Angeles, CA 90030-0086

Wf Crd Svc 3201 N 4th Ave Sioux Falls, SD 57104

Wffnatbank Po Box 94498 Las Vegas, NV 89193

Fill in this information to identify your case:			
Debtor 1	Gunter Sigloch		
Dobtor 1	First Name	Middle Name	Last Name
Debtor 2	Birgit A. Sigloch		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN		EASTERN	District of MICHIGAN (State)
Case number (If known)			_

Check the appropriate box as directed in	r
lines 40 or 42:	

According to the calculations required by this Statement:

- 1. There is no presumption of abuse.
- 2. There is a presumption of abuse.
- ☐ Check if this is an amended filing

Official Form 22A-2

Chapter 7 Means Test Calculation

12/14

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income					
Copy your total current monthly income	Copy line 11 from Offici	al Form 22A-1 here →1.	\$_6886.00		
2. Did you fill out Column B in Part 1 of Form 22A-1?					
☐ No. Fill in \$0 on line 3d.					
Yes. Is your spouse filing with you?					
✓ No. Go to line 3.					
☐ Yes. Fill in \$0 on line 3d.					
Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps:	spouse's income not used	to pay for the			
On line 11, Column B of Form 22A–1, was any amount of the income you r used for the household expenses of you or your dependents?	On line 11, Column B of Form 22A–1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?				
☐ No. Fill in 0 on line 3d.					
☐ Yes. Fill in the information below:					
State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income				
3a	\$0.00				
3b	\$0.00_				
3c	+ \$0.00				
3d. Total. Add lines 3a, 3b, and 3c	\$0.00	Copy total here 3d.	_ \$0.00		
4. Adjust your current monthly income. Subtract line 3d from line 1.			\$_6886.00		

Debtor 1

Gunter Sigloch

First Name Middle Name Last Name

Case number (if known)_____

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 22A–1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 22A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1249.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

60.00

7b. Number of people who are under 65

X 3.00

7c. **Subtotal.** Multiply line 7a by line 7b.

180.00 Copy line 7c

180.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

144.00

7e. Number of people who are 65 or older

X 0.00

7f. **Subtotal.** Multiply line 7d by line 7e.

0.00 Copy line 7f

+ \$<u>0.00</u>

g. Total. Add lines 7c and 7f.....

\$____180.00

Copy total here

\$_180.00

Dehtor	- 1

Gunter Sigloch

First Name

Middle Name

Last Name

Case number (if known)_____

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

567.00

- 9. Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$ 1482.00

ine 9b

here

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment	
Quicken Loans	\$1237_	
New York Communit Bank	\$361	
	+ \$0	
9b. Total average monthly payment	\$_1598.00	

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

9c. \$ 0.00 Copy line 9c \$ 0.00

1598.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$____0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - 0. Go to line 14.
 - 1. Go to line 12.
 - 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 590.00

Case number (if known)

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

706.74

Vehicle 1

Describe Vehicle 1: 2015 Ford Explorer

Last Name

Ownership or leasing costs using IRS Local Standard

517.00 13a.

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1 Average monthly payment Ford Credit

Repeat this Copy 13b 706.74 amount on here line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

Copy net Vehicle 1 0.00 expense 13c. here

0.00

Vehicle 2

2010 Chrysler Sebring Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard

13d. 517.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2		Average monthly payment		
Ally	\$	337.90		

Repeat this Copy 13e 337.90 amount on here line 33c.

13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

Copy net Vehicle 2 179.10 expense 13f. here..... 🚽

\$ 179.10

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

0

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

0.00

\neg	htor	1	

Gunter Sigloch Case number (if known)

First Name Middle Name Last Name **Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your **\$1243.82** pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 7.79 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it 0.00 is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.

Add lines 6 through 23.

\$4016.71

Dobtor	1

Gunter Sigloch
First Name Middle Name Last Name Case number (if known)_____

	tional deductions allowed by the Mea clude any expense allowances listed		
 Health insurance, disability insurance, and health insurance, disability insurance, and health savings dependents. 			
Health insurance	\$ <u>132.81</u>		
Disability insurance	\$0.00_		
Health savings account	+ \$38.46_		
Total	\$171.27_	Copy total here	\$ <u>171.27</u>
Do you actually spend this total amount?			
☐ No. How much do you actually spend? Yes	\$0.00		
26. Continued contributions to the care of househ continue to pay for the reasonable and necessary your household or member of your immediate fam	care and support of an elderly, chron	ically ill, or disabled member of	\$0.00_
27. Protection against family violence. The reasons of you and your family under the Family Violence			\$0.00
By law, the court must keep the nature of these ex	penses confidential.		
28. Additional home energy costs. Your home ener allowance on line 8.	gy costs are included in your non-mo	rtgage housing and utilities	
If you believe that you have home energy costs the housing and utilities allowance, then fill in the exce		sts included in the non-mortgage	\$0.00
You must give your case trustee documentation o claimed is reasonable and necessary.	your actual expenses, and you must	t show that the additional amount	
29. Education expenses for dependent children wl per child) that you pay for your dependent children elementary or secondary school.			\$ 0.00
You must give your case trustee documentation or reasonable and necessary and not already account		t explain why the amount claimed is	·
* Subject to adjustment on 4/01/16, and every 3 y	ears after that for cases begun on or	after the date of adjustment.	
30. Additional food and clothing expense. The morningher than the combined food and clothing allowable 5% of the food and clothing allowances in the IRS	nces in the IRS National Standards.		\$0.00
To find a chart showing the maximum additional a this form. This chart may also be available at the b		cified in the separate instructions for	
You must show that the additional amount claimed	is reasonable and necessary.		
31. Continuing charitable contributions. The amount instruments to a religious or charitable organization		in the form of cash or financial	\$0.00
32. Add all of the additional expense deductions. Add lines 25 through 31.			<u>\$ 171.27</u>

Middle Name

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Mortgages on your home:			Averag paymer	e monthly nt		
	33a.	Copy line 9b here		→	\$	1598.00		
		Loans on your first two vehicles:						
	33b.	Copy line 13b here		→	\$	706.74		
	33c.	Copy line 13e here		→	\$	337.90		
	Name	e of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?				
	33d			✓ No✓ Yes	\$	0.00		
	33e			✓ No☐ Yes	\$	0.00		
	33f			✓ No✓ Yes	+ \$	0.00		
3	3g. To	otal average monthly payment. Add lines	33a through 33f		\$	2642.64	Copy total here	\$ 2642.

- 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?
 - No. Go to line 35.
 - Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the cre	ditor	Identify property that secures the debt	Tota amo	al cure ount		Monthly amount	£
			\$	0.00	÷ 60 =	\$	0.00
			\$	0.00	÷ 60 =	\$	0.00
			\$	0.00	÷ 60 =	+ \$	0.00
					Total	\$	0.00

- 35. Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.
 - No. Go to line 36.
 - ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.....

 $0.00 \div 60 =$

\$____0.00

	Gunter Si	ialoch									
Debtor 1	First Name	Middle Name	Last Name		₋ Cas	se numbe	er (if know	/n)			
	For more informatinstructions for the	ation, go online u nis form. <i>Bankrup</i>	nder Chapter 13? 11 U sing the link for <i>Bankrup</i> otcy Basics may also be	tcy Basi	cs specified in the sep		ïce.				
_	No. Go to lineYes. Fill in the		ation								
_		· ·			N		Φ	0	.00		
	,	, , ,	ayment if you were filing r district as stated on the		•		\$				
	Administ	rative Office of the rolina) or by the	ne United States Courts Executive Office for Uni	(for distr	icts in Alabama and	x	0.0	06_			
	link spec		ultipliers that includes yo rate instructions for this f cy clerk's office.								
	Average	monthly adminis	strative expense if you w	ere filing	under Chapter 13		\$	0	.00 Copy	y total	\$0.00_
	add all of the ded		ot payment.								\$ 2642.64
Tota	I Deductions fro	m Income									
38. A	dd all of the allo	wed deductions	s.								
	opy line 24, <i>All of</i> opense allowance		lowed under IRS	\$	4016.71						
Co	opy line 32, All of	the additional ex	pense deductions	\$	171.27						
Co	opy line 37, All of	the deductions f	or debt payment	+ \$	2642.64	_					
То	tal deductions			\$	6830.62	Copy t	otal her	re →			\$ <u>6830.62</u>
Part	t 3: Determin	ne Whether T	here Is a Presumpti	on of A	buse						
39. C	alculate monthly	y disposable in	come for 60 months								
3	9a. Copy line 4,	adjusted curren	t monthly income	\$	6886.00						
3	9b. Copy line 38	3, Total deduction	ns	- \$	6830.62						
3		oosable income. 39b from line 39	11 U.S.C. § 707(b)(2). 9a.	\$	55.38	Copy li 39c he	_	\$	55.38		
	For the next	t 60 months (5 y	ears)					x 60			
3	39d. Total . Multip	oly line 39c by 60)				39d.	\$	3322.80	Copy line 39d here	\$ 3322.80
40 -	to decide to the	dhana ta			or that and P						
40. F		•	umption of abuse. Checart. On the top of page		• •	here is r	no pres	umptior	n of abuse.	Go	
			2,475*. On the top of page			There is	s a pre	sumptic	on of abuse	e. You	
Г	The line 30d is	s at least \$7 /7/	5* but not more than \$	12 <i>4</i> 75*	Go to line 41						

* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

ebtor 1	Gunter Sigloch	Case numb	ber (if known)		
	First Name Middle Name Last Name	0000	20. (<i>i. i.i.a.i.</i>)		
41. 41a.	Fill in the amount of your total nonpriority unsecured deb Summary of Your Assets and Liabilities and Certain Statistical (Official Form 6), you may refer to line 5 on that form.		^{41a.} \$ x .25	0.00	
41b.	 25% of your total nonpriority unsecured debt. 11 U.S.C. § Multiply line 41a by 0.25. 	707(b)(2)(A)(i)(I)		0.00 Copy	\$0.00
is en	ermine whether the income you have left over after subtract nough to pay 25% of your unsecured, nonpriority debt. ck the box that applies:	ing all allowed deductions	s		
	Line 39d is less than line 41b. On the top of page 1 of this form Go to Part 5.	n, check box 1, <i>There is no</i> p	presumption of ab	ouse.	
	Line 39d is equal to or more than line 41b. On the top of page of abuse. You may fill out Part 4 if you claim special circumstance		., There is a presu	mption	
Do you l	Give Details About Special Circumstances have any special circumstances that justify additional expeable alternative? 11 U.S.C. § 707(b)(2)(B).	enses or adjustments of cu	urrent monthly in	come for which	there is no
Do you l reasona	have any special circumstances that justify additional expe	enses or adjustments of cu	urrent monthly in	come for which	there is no
Do you le reasona	have any special circumstances that justify additional expeable alternative? 11 U.S.C. § 707(b)(2)(B).				there is no
Do you le reasona No. Yes.	have any special circumstances that justify additional expeable alternative? 11 U.S.C. § 707(b)(2)(B). Go to Part 5. Fill in the following information. All figures should reflect your a	verage monthly expense or ces that make the expenses	income adjustme		there is no
Do you he reasonal No.	have any special circumstances that justify additional expensionable alternative? 11 U.S.C. § 707(b)(2)(B). Go to Part 5. Fill in the following information. All figures should reflect your a for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstant adjustments necessary and reasonable. You must also give you	verage monthly expense or ces that make the expenses	s or income tion of your actual		there is no
Do you he reasona No. Yes.	have any special circumstances that justify additional expeable alternative? 11 U.S.C. § 707(b)(2)(B). Go to Part 5. Fill in the following information. All figures should reflect your a for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstan adjustments necessary and reasonable. You must also give you expenses or income adjustments.	verage monthly expense or ces that make the expenses	s or income tion of your actual	nt nonthly expense	there is no
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Do you le reasona No. Yes.	have any special circumstances that justify additional expeable alternative? 11 U.S.C. § 707(b)(2)(B). Go to Part 5. Fill in the following information. All figures should reflect your a for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstan adjustments necessary and reasonable. You must also give you expenses or income adjustments.	verage monthly expense or ces that make the expenses	s or income tion of your actual	nonthly expense e adjustment 0.00 0.00	there is no

X

Signature of Debtor 1 Gunter Sigloch

Date 03/26/2015 MM / DD / YYYY X

Signature of Debtor 2 Birgit A. Sigloch Date 03/26/2015 MM / DD / YYYY